

STATE OF NEVADA WRITTEN REPRIMAND

NAME: _____ SSN: _____ BUDGET ACCOUNT #: _____

DEPARTMENT: _____ DIVISION: _____

SECTION: _____ SUPERVISOR: _____ DATE: _____

A copy of this written reprimand will be placed in the employee's personnel folder maintained by the Department of Personnel in accordance with NAC 284.638.

STATEMENT OF SUPERVISOR

Supervisor's Signature Title _____

Employee's Signature Date _____
(Signature acknowledges receipt of reprimand only)

Appointing Authority Review Date _____